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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/967,625 11/12/1997 PAT 6,048,703 and claims benefit of 60/030,961  
11/15/1996 *CY*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*CY*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	STATE OR COUNTRY DE	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 11
Verified and Acknowledged	<i>Ch. H. L.</i>	<i>CY</i>	Examiner's Signature Initials				

ADDRESS

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TITLE

METHODS FOR DETECTING CELL APOPTOSIS

FILING FEE RECEIVED 1273	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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